

**Delaware Health Care Commission**  
**Thursday, August 6, 2015 9:00 a.m.**  
***Delaware Tech Terry Campus Corporate Training Center***  
***Rooms 400A & B***  
***100 Campus Drive, Dover***

***Meeting Minutes***

**Commission Members Present:** Bettina Riveros, Chairperson; Theodore W. Becker, Jr.; Thomas J. Cook, Secretary of Finance; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice L. Lee, MD; and Karen Weldin Stewart.

**Commission Member Absent:** Susan A. Cycyk, M.Ed, Director of Prevention and Behavioral Health Services, Department of Services for Children, Youth and Their Families; Kathleen Matt, PhD; Janice E. Nevin, MD, MPH; and Dennis Rochford.

**Staff Attending:** Laura Howard, Executive Director; and Marlyn Marvel, Community Relations Officer.

**CALL TO ORDER**

The meeting was called to order at 9:00 a.m. by Bettina Riveros, Commission Chair. She welcomed the Health Care Commission's new Executive Director, Laura Howard.

**JULY 2, 2015 MINUTES**

Ted Becker made a motion that the July 2, 2015 meeting minutes be approved. Commissioner Karen Stewart seconded the motion. There was a voice vote. Motion carried.

**AFFORDABLE CARE ACT/HEALTH INSURANCE MARKETPLACE UPDATE**

Secretary Rita Landgraf presented an update on Delaware's Health Insurance Marketplace. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhcc/presentations.html>.

***Decision on Marketplace Model***

- In June, HHS gave Delaware conditional, non-binding approval to establish a Supported State Based Marketplace (SSBM)
- After reviewing the Marketplace model options and weighing the costs and benefits, Secretary Landgraf has informed CMS that Delaware will remain a State Federal Partnership for 2016
- It was determined that changing models was not in the best interest of Delawareans for several reasons, including:
  - King v. Burwell decision preserved subsidies
  - Current partnership model is working
  - Cost to use federal IT platform remains uncertain
  - Level of revenue to the state is unclear
  - SSBM would place additional responsibilities on the state
  - Requirements to fund Navigators

***Timeline of Rate Review***

- May 15 Issuer justification for rates due
- May 16 – August 23 Actuarial review of rates
- June 15 – July 15 Public comment on rates

- July 16 – August 23 Commissioner’s review of rates and approval/disapproval
- August 24-25 Submission of rate recommendations and data to CMS for QHP Certification
- August 26 – September 16 CMS review of QHP application and recommendations
- September 17–18 Certification notices and QHP agreements sent to issuers by CMS
- September 25 Agreements, including final plan list, returned to CMS
- October 8-9 Validations notice confirming final plan list and countersigned agreements sent to issuers by CMS
- October 15 Rates posted on Department of Insurance website

***Public Comment: Requested Rates for 2016***

The Department of Insurance received 25 responses during the month-long public comment period that ended July 15. The most common responses concerned already-high rates and deductibles. DOI heard from individuals on fixed-incomes, small businesspersons, the self-employed, and consumers whose grandfathered plans had been discontinued.

**Representative comments:**

- “It is difficult to pay premiums even at the current rate. I manage to pay the monthly premium but cannot fully utilize the benefits because of the high deductible. What good really is the insurance if you cannot afford to use it?”
- “Please carefully review the medical insurance premium increases proposed by Highmark Delaware. The individual subscriber, for years, was getting shorted by the health insurance companies. The Affordable Care Act fixed many of the shortcomings. Let’s not revert back to the situation where insurance becomes unaffordable for the individual subscriber.”
- “My family pays \$783 every two weeks for health insurance with a \$6,000 deductible. This brings our annual fee to \$26,358 for a family of five. We do not qualify for a subsidy. This is a back-breaking sum.”
- “I am not eligible for the subsidy. I have faithfully prepared for a reasonably comfortable retirement. ... Please do not punish me for making good financial decisions by making my healthcare premium a burden.”

***2015 Enrollment Analysis***

- In July 2015, HHS released county-by-county information for 2015 Marketplace enrollees,
- An analysis of this data reinforced what we know about the demographics in our state and highlighted areas for improvement:
  - There were gaps in reaching Latinos, most significantly in Sussex County
  - Delaware lagged behind national averages in enrolling adults ages 18 to 44
  - Delaware had fewer enrollees in Silver plans, despite the availability of Cost Sharing Reductions to those choosing those plans
- The Marketplace team will take these factors into consideration when planning outreach and education for the 2016 plan year.
- The full report is available at [http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/EnrollmentByCounty/rpt\\_EnrollmentByCounty\\_July2015.cfm](http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/EnrollmentByCounty/rpt_EnrollmentByCounty_July2015.cfm)

### ***Delaware QHP Standards: Plan Year 2017***

- The process to approve Qualified Health Plan standards for Plan Year 2017 begins this month with review of current QHP standards to identify opportunities for modifications/additions.
- The process will continue through the fall and early winter with HCC review of recommended changes, followed by public comment period, final recommendations and final decision by HCC.
- The approved QHP standards for PY2017 will be published in late December.

### ***Key Dates***

- November 1, 2015 is the beginning of open enrollment for Plan Year 2016.
- January 31, 2016 is the end of open enrollment for Plan Year 2016.
- Consumers who experience qualifying life events, such as birth/adoption of a child, loss of minimum essential coverage, aging out of parents' insurance at age 26, etc., may enroll outside of open enrollment.
- Enrollment assisters and agents and brokers are available to assist with enrollments outside an open enrollment period.
- Visit [www.ChooseHealthDE.com](http://www.ChooseHealthDE.com) to find assistance.
- Medicaid enrollment is open all year. Small businesses can enroll in SHOP anytime.

## **CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI)**

### **CMMI State Health Care Innovation (SIM) Model Update**

Ms. Riveros gave an update on the CMMI State Innovation Models Project (SIM). A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhcc/presentations.html>.

### ***Summary of July DCHI Board Meeting***

- Provided updates on recent progress, including:
  - Overview of work across DCHI from the past year
  - Committee activities
  - Common Scorecard testing
  - Executive Director recruitment, infrastructure, and branding & website
- Previewed July 15 Cross-Committee meeting, including:
  - Structure of meeting: introductory overview of activities, and two deep dives on cross-cutting topics with time for Q&A
  - Plan for presenters
- Discussed funding and budgeting approach, including:
  - Investments and sources of funding
  - Different DCHI financial roles in SIM program
  - Process for allocation of CMMI grant funds
  - DCHI operating budget

### ***Committee Updates***

- The July meeting of the Payment Committee was cancelled. Upcoming topics include payment tie to Scorecard as well as pay for value model (utilization based) design elements.
- The Healthy Neighborhoods Committee discussed operating model paper, including creating neighborhood boundaries. It also discussed the pilot approach to rollout.
- The Clinical Committee discussed emerging consensus Care Coordination design decision around definitions, Care Coordination vendor services, and approach to participation. It also discussed common challenges in Delaware of behavioral health and collaboration between primary and behavioral care providers.
- The Workforce Committee discussed further workforce capacity requirements based on population projections. It reviewed workforce implications from the Health Neighborhoods strategy.
- The Patient and Consumer Committee's communications team collected feedback on the DCHI website. The Committee reviewed animated tools/videos as a method to engage patients and viewed a video on shortcomings of the current patient experience.
- The Technical Advisory Group shared a live demo of the Common Scorecard and discussed approaches to delivering attribution lists.

### ***Upcoming Focus***

- Collect and integrate provider feedback from Scorecard access
- Develop Version 2.0 of Common Scorecard and approach to tying the Common Scorecard to payment
- Align on approach to rollout of practice transformation
- Launch behavioral health integration working group
- Finalize Healthy Neighborhoods operating model

### ***Cross-Committee meeting overview***

- Agenda and format: Three-hour meeting, including introduction on how DCHI's strategy addresses all Delawareans, "gallery walk" committee updates and deep-dives on cross-cutting topics (Advancing Primary Care and Healthy Neighborhoods)
- More than 80 attendees across Board, Committees, broader set of SIM contributors and public
- Representation from membership of every Committee
- More than 150 comments submitted on post-it notes during the gallery walk section
- Tentative date of next meeting: October 22, 2015

The next meeting of the DCHI Board will be held on August 12, 2015 at 2:00 p.m. in Room 113 at the University of Delaware's STAR Campus.

### **Delaware Center for Health Innovation (DCHI): Clinical Committee Update**

Nancy Fan, MD, Co-Chair of the DCHI Clinical Committee, gave an update on the Clinical Committee initiative. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhcc/presentations.html>.

The four areas of focus for the Clinical Committee include:

- Common Scorecard
- Practice Transformation
- Care Coordination
- Behavioral Health Integration

### ***Vision of Common Scorecard***

- A single, integrated scorecard across all payers that provides information about quality, utilization, and cost of care for providers' entire panel of patients.
- The goal is to enable a common, streamlined approach for incentivizing value-based care delivery.
- Over time, the scorecard will replace the many reports providers currently receive from payers.

### ***Capabilities of Advanced Primary Care***

- Panel management
- Access improvement
- Care management
- Team-based care coordination
- Patient engagement
- Performance management
- Business process improvement
- Referral network management
- Health IT enablement

### ***Practice Transformation Milestones – measuring progress on population health management***

The proposed timeline is that within six months, practices will be able to:

- Identify highest risk panel
- Provide same-day appointments and/or after-hours access
- Implement a process for following up after hospital discharge

Within twelve months practices will be able to:

- Supply voice-to-voice coverage to panel members 24/7
- Document a plan for launching a multi-disciplinary care team for highest risk patients
- Document a plan to reduce emergency room overutilization

Within eighteen months practices will be able to:

- Implement a process for contacting patients who did not receive appropriate preventive care.

Within twenty-four months practices will be able to:

- Implement a multi-disciplinary team for highest risk patients
- Document a plan for patients with behavioral health needs

The ultimate goal of the practice transformation is to have team based care coordination.

### ***Coordinated care will build on the foundation of practice transformation.***

The core elements of more coordinated care include:

- Review performance and process of care coordination within multidisciplinary team
- Review and update the care plan with the patient and the family on a regular basis
- Maintain a multidisciplinary team that works together
  - Social worker

- Community health worker
- Specialist
- Family
- Allied health professional
- Behavioral health
- Pharmacist
- Identify high risk patients
- Develop a care plan that is co-created with the patient

The primary care physician, patient and care coordinator are at the center. The care coordinator does not necessarily have to be one person in the office. It does not have to be one person who would always have the same responsibilities. A registered nurse might also be a care coordinator in one office, or a medical assistant in another office. It might be a social worker in a different practice. There will be someone who will take on the responsibility of helping the patient work through the system. The key components of the team based care coordination include the social worker, community health worker, specialist, family, allied health professionals, behavioral health professionals, and pharmacists.

#### ***Key challenges in integrating Behavioral Health in Delaware***

- Billing and payment
- Clinical information sharing
- Cultural misalignment between behavioral and primary care
- Transformation funding
- Insufficient supply of behavioral health professionals

#### ***Near term areas of focus for the Clinical Committee***

- Gather feedback on Common Scorecard and create version for payment
- Support engagement of providers with Practice Transformation expert vendors
- Get to consensus on Care Coordination by mid-August
- Develop Behavioral Health Integration strategy by end of year

#### ***Discussion***

Commissioner Stewart stated that some primary care physicians have been including behavioral health care in their office.

Dr. Fan stated that Christiana Care is moving toward a model where they are hoping to integrate a behavioral health provider. Some smaller practices might be able to have a behavioral health provider in their practices. The problem is that they are having difficulty getting paid for the actual visit because there are different office visit codes. Secretary Landgraf stated that is one of the barriers to integration.

Jonathan Kirch, of the American Heart Association, stated that he did not understand what Dr. Fan was talking about when she first said “behavioral health”. Then he realized that she was talking about mental health, addiction, schizophrenia, etc. He did not immediately associate that with the words “behavioral health.” It is important to understand the terms used to describe issues.

Dr. Fan stated that the DCHI Board discussed developing a glossary of terms that they use and are familiar with that might not be clear to people who are involved in the process.

## **OTHER BUSINESS**

Dr. Jan Lee stated that the Delaware Health Information Network (DHIN) received notice of award of the grant that they applied for. They requested \$3 million and were awarded \$2.7 million. Thirty-five states applied for the grant and twelve states received awards including Delaware and Rhode Island.

The funding will assist Delaware with the technology to support the state innovation plan. It will include working with the behavioral health community and the long term post-acute care community, which includes the nursing homes, assisted living, and home health to provide them with technology that will allow them to communicate electronically with other members of the health care community, especially the primary care providers, specialists, hospitals and acute care centers. They will be providing tools that will assist the care coordination, such as notification when a patient has been seen in a hospital emergency department, and being able to provide that notification to their primary care provider so that care coordination can be arranged for that patient in a timely way.

## **PUBLIC COMMENT**

Mr. Kirch stated that the American Heart Association recently released a news release entitled “Addressing social factors critical for continued fight against heart disease and stroke in America”. The article is posted at <http://m.newsroom.heart.org/news/addressing-social-factors-critical-for-continued-fight-against-heart-disease-and-stroke-in-america>.

Mr. Kirch read the following information from the article.

“The steady decline of death from cardiovascular disease that began in the 1970s might be coming to an end. Overall population health cannot improve if parts of the population do not benefit from improvements in prevention and treatment.”

“Education is a top indicator of one’s socioeconomic status because it affects what kind of job a person has, their access to healthcare, income, stress and more. Research indicates that people with lower educational levels die younger, largely due to cardiovascular disease.”

“There is overlap between race and poverty in the United States, which is especially evident among African Americans. While some differences in cardiovascular risk among races might be explained by genetics and biology, there are other factors. Whether or not bias and prejudice lead to less care or poorer care is an area that people are actively studying. There also is evidence that people who experience the chronic stressors, such as racism, might have higher blood pressure as a result.”

“Failure to address the social dynamic of cardiovascular disease will compromise the American Heart Association’s 2020 Impact Goal to improve cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent.”

Mr. Kirch stated that the American Heart Association set a goal of reducing death and disability from heart disease and stroke by 25 percent by the year 2010 and they met it. Much of that success is the result of successful statin therapy and medical advances; however, if people do not deal with income inequality and other factors in America that are driving its poor health indicators compared with other developed nations, it will continue to have poor outcomes. This is an uncomfortable and unfamiliar work project for people who work on health and medical issues; however, it is imperative that it be addressed.

Secretary Landgraf stated that this year is the 50<sup>th</sup> anniversary of Medicare and Medicaid.

Lolita Lopez, of Westside Family Healthcare, stated that this year is also the 50 year anniversary of community health centers nationally. Next week is national health center week.

Brian Olson, of La Red Health Center, stated that La Red Health Center will be conducting a ribbon cutting ceremony next Wednesday at 9:00 a.m. at its new Milford site located at one Sussex Avenue.

**NEXT MEETING**

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on Thursday, September 3, 2015 at the DelTech Terry Campus Corporate Training Center, Rooms 400 A & B, 100 Campus Drive, Dover.

**ADJOURN**

The meeting adjourned at 10:15 a.m.



## GUESTS

Corinne Armann  
Carol Bancroftt  
Ray Brouillette  
Tynetta Brown  
Judy Chaconas  
Mike Cordrey  
Ryshema Dixon  
Kemal Erkan  
Nancy Fan, MD  
JoAnn Fields, MD  
Jerry Gallucci  
Jerry Grant  
Sheila Grant  
Cheryl Heiks  
Leighann Hinkle  
Kathy Janvier  
Jonathan Kirch  
Jim Lafferty  
Paul Lakeman  
Jennifer Lee  
Lolita Lopez  
Cheyenne Luzader  
Tom MacPherson  
Phil Mandel  
Nick Moriello  
Randy Munson  
Linda Nemes  
James Nutter  
Carol O'Brien  
Brian Olson  
Patt Panzer  
Judy Pappenhagen  
Alex Parkowski  
Maria Pippidis  
Pam Price  
Frank Pyle  
Rebecca Reichardt  
Jill Rogers  
Kate Rohrer  
Paula Roy  
Jennifer Seo  
Barb Snyder  
Karen Stoner  
Shari Thomassen  
Jose Tieso  
Bhavana Viswanathan  
Meg Williams

Rebecca Batson Kidner, PA  
Delaware Technical Community College  
Easter Seals  
United Way of Delaware  
Division of Public Health  
ab&c  
Henrietta Johnson Medical Center  
United Medical  
Delaware Center for Health Innovation  
Local Physician  
DHSS  
Department of Insurance  
AARP  
Cozen O'Connor  
Office of Management and Budget  
Delaware Technical Community College  
American Heart Association  
Mental Health Association  
Bayhealth  
Division of Public Health  
Westside Family Healthcare  
Beebe Healthcare  
Office of U.S. Senator Tom Carper  
Pain Linx  
Health Insurance Associates  
United Medical  
Department of Insurance  
Parkowski, Guerke & Swayze, PA  
Department of Labor  
La Red Health Center  
  
Christiana Care  
ab&c  
University of DE Cooperative Extension  
Highmark  
Department of Insurance  
Office of Management & Budget  
DSAAPD  
Senator Coons Office  
Roy Associates  
Mental Health Association  
Easter Seals  
Highmark  
Nemours  
HPES DMMA  
University of Delaware Center for Disabilities Studies  
Beebe Medical Center

